

STATE OF CONNECTICUT
DAS-DIVISION OF CONSTRUCTION SERVICES
OFFICE OF THE STATE BUILDING INSPECTOR
165 CAPITOL AVENUE, ROOM 265
HARTFORD, CT 06106
TELEPHONE: (860) 713-5900
FAX: (860) 713-7410

FILE # _____

FOR OFFICE USE ONLY

DATE

**REQUEST APPROVAL FOR INCLINED STAIRWAY CHAIR LIFTS, VERTICAL OR INCLINED
WHEELCHAIR LIFTS AND LIMITED USE, LIMITED ACCESS ELEVATORS (LULA)**

(Per C.G.S. 29-200)

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY. ANY MISSING INFORMATION
MAY RESULT IN DELAYS. RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS. **ALLOW 4 - 6 WEEKS
FOR PROCESSING.**

1. Name of Building: _____
Street Address: _____
Town: _____ State: CT Zip Code: _____

2. Building Owner: _____

3. Applicant's Name: _____ Telephone: _____
Note: If applicant is different than the owner, include owner's appointment in writing authorizing you as the agent.

Name of Applicant's Firm (if applicable): _____

Applicant's Street Address: _____

Town: _____ State: CT Zip Code: _____

Name of Person to Contact: _____ Telephone: _____
(For additional information if required)

4. Date of Approval of Building Permit: _____

5. Check Applicable Designation(s):

☐ New Building ☐ Existing ☐ Addition ☐ Alteration ☐ Other (Explain) ____

☐ Work being done due to Fire Code Up-Grade ☐ Work being done due to Accessibility Code Up-Grade

6. Use Group: _____

A. Was there a change of use: ☐ Yes ☐ No

B. If yes from _____ to _____

7. Type of Construction: _____
8. Square Foot Area of Building (Total): _____
- A. Square Foot Area of Each Floor (if applicable): _____
- B. Square Foot Area of Addition (if applicable): _____
9. A. Number of Stories in Building: _____
- B. Stories Served by Lift or LULA: _____
10. Total Rise of Lift or LULA Travel for This Request: _____
11. Cost of Building Alterations: _____
(The cost entered above should not include alterations to windows, hardware, operating controls, electrical outlets, mechanical systems, electrical systems, installations or alteration of fire protection systems, abatement of hazardous materials, and alterations undertaken for the primary purpose of increasing the accessibility of an existing building.)
12. Indicate the type of lift to be installed: ☐ Inclined Stairway Chairlift ☐ Vertical Wheelchair Lift
- ☐ Inclined Wheelchair Lift ☐ Limited Use, Limited Access Elevator (LULA)
- ☐ Other (Explain): _____
13. Description and Specifications of Proposed Unit to be Installed: _____
14. Applicant must furnish two (2) copies of the plans or drawing illustrating the location of the lift relative to the rest of the structure. You must clearly identify on the print where the lift or LULA is being installed, indicate the door swing and show dimensions with regards to maneuvering clearances at the lift doors.

AFFIDAVIT

I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.

Applicant's Signature

Date